

LIMITED LIABILITY PARTNERSHIP REGISTRATION

1.) FULL LEGAL NAME IN HOME JURISDICTION:

2.) NAME IT WILL USE IN MARYLAND IF DIFFERENT FROM ABOVE:

(MUST INCLUDE "LIMITED LIABILITY PARTNERSHIP" or "LLP")

3.) STATE OF FORMATION: _____

4.) DATE OF FORMATION: _____

5.) ADDRESS IN STATE OF FORMATION:

6.) NATURE OF BUSINESS IN MARYLAND: _____

7.) NAME AND ADDRESS (NO P.O. BOXES) OF RESIDENT AGENT FOR SERVICE OF PROCESS IN MARYLAND:

IF NO RESIDENT AGENT IN MARYLAND IS NAMED OR IF THE AGENT CANNOT BE FOUND OR SERVED, THIS DEPARTMENT IS APPOINTED AS RESIDENT AGENT OF THIS LIMITED LIABILITY PARTNERSHIP.

HAS THIS LIMITED LIABILITY PARTNERSHIP DONE BUSINESS IN MARYLAND PRIOR TO THIS REGISTRATION?

YES

NO

(IF IT HAS, AN ADDITIONAL **\$200 PENALTY** MUST ACCOMPANY THIS REGISTRATION)

SIGNED _____

Authorized Person

I HEREBY CONSENT TO MY DESIGNATION IN THIS DOCUMENT AS RESIDENT AGENT FOR THIS LIMITED LIABILITY PARTNERSHIP.

SIGNED _____

Resident Agent